

<b>Case Number:</b>	CM14-0125993		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40-year-old male sustained an industrial injury on 2/15/11. Injury occurred when he caught his left ankle between the cement and grass while walking to his car. The patient was diagnosed with a left ankle sprain/strain. Low back pain was reported due to altered gait. The 7/12/12 lower extremity electrodiagnostic study documented acute bilateral L5/S1 radiculopathy. The 11/27/13 lumbar MRI documented an L4/5 disc protrusion with central and lateral recess stenosis impinging upon the traversing L5 nerve roots. There was moderate facet arthropathy bilaterally at L5/S1 with lateral recess stenosis and eccentric disc bulging contacting the right S1 nerve rootlet. The 7/18/14 exam findings documented marked loss of lumbar range of motion and positive bilateral straight leg raise. Neurologic exam documented decreased right L5/S1 dermatomal sensation, decrease right L5/S1 myotomal strength, and trace lower extremity reflexes. The patient was diagnosed with significant L4-S1 discopathy, bilateral lower extremity radiculopathy, and neurogenic claudication. A lumbar surgical request with associated services was submitted. The 7/29/14 utilization review approved a request for posterior spinal decompression and fusion at L4-S1. Requests were also submitted for home health care evaluation and home health care x 2 weeks. These requests were modified to an RN evaluation upon the patient's return home to determine if home health care assistance was necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Home health care evaluation x 2 weeks QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back (updated 7/3/14)Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page(s) 51 Page(s): 51.

**Decision rationale:** The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Guideline criteria have not been met. There is no clear documentation as the type of home health services being recommended for this patient. The 7/29/14 utilization review approved an RN home evaluation to determine the medical necessity of home care services. There is no compelling reason to support the medical necessity of home health care assistance at this time. Therefore, this request is not medically necessary.